



Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Center – WO66-G609  
Silver Spring, MD 20993-0002

November 6, 2014

Encore Medical, L.P.  
Ms. Teffany Hutto  
Manager, Regulatory Affairs  
9800 Metric Boulevard  
Austin, Texas 78758

Re: K140130

Trade/Device Name: X-alt™ Highly Cross Linked Acetabular Liner with Vitamin E  
Regulation Number: 21 CFR 888.3358  
Regulation Name: Hip joint metal/polymer/metal semi-constrained porous-coated  
uncemented prosthesis

Regulatory Class: Class II

Product Code: OQG, LPH

Dated: September 12, 2014

Received: September 15, 2014

Dear Ms. Hutto:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in

the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

<http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638 2041 or (301) 796-7100 or at its Internet address

<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

**Lori A. Wiggins -S**

for

Mark N. Melkerson

Director

Division of Orthopedic Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

510(k) Number (if known):   K140130  

Device Name: X-alt™ Highly Cross Linked Acetabular Liner with Vitamin E

Indications for Use:

**X-alt™ Highly Cross Linked Acetabular Liner with Vitamin E  
Indications for Use**

Joint replacement is indicated for patients suffering from disability due to:

- noninflammatory degenerative joint disease including osteoarthritis and avascular necrosis of the natural femoral head;
- rheumatoid arthritis;
- correction of functional deformity;
- femoral fracture.

This device may also be indicated in the salvage of previously failed surgical attempts.

This device is intended for cementless use only

Prescription Use   X    
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

K140130  
**510(k) Summary**

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Date: November 4, 2014

Manufacturer:  
Encore Medical, L.P.  
9800 Metric Blvd  
Austin, TX 78758

Contact Person:  
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Product	Classification	Product Code
X-alt™ Highly Cross Linked Acetabular Liner with Vitamin E	Class II	LPH - Hip joint metal/polymer/metal semi-constrained porous-coated uncemented prosthesis per 21 CFR 888.3358  OQG - Hip prosthesis, semi-constrained, cemented, metal/polymer, + additive, porous, uncemented per 21 CFR 888.3358

**Description:** A highly cross linked polyethylene acetabular liner infused with pure liquid pharmaceutical grade alpha-tocopherol. This application is for the addition of size 32 ID, with neutral, 10° and 20° hooded configurations available.

**Indications for Use:**

Joint replacement is indicated for patients suffering from disability due to:

- noninflammatory degenerative joint disease including osteoarthritis and avascular necrosis of the natural femoral head;
- rheumatoid arthritis;
- correction of functional deformity;
- femoral fracture.

This device may also be indicated in the salvage of previously failed surgical attempts. This device is intended for cementless use only

**Predicate Device:**

- K973119, K974093, K974095 – DJO Surgical FMP Acetabular Shells with Standard Poly Liner (Spiked, Hemispherical, Flared Shells)
- K130365 – DJO Surgical X-alt Highly Cross Linked Acetabular Liners with Vitamin E

**Comparable Features to Predicate Device(s):** Features comparable to predicate devices include the same design features, materials, indications, sterilization, packaging, and intended use.

**Non-Clinical Testing** The 32 mm liner does not create a new worst-case for mechanical testing compared to the predicate devices.

**Clinical Testing:** None provided.